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REPORT OF THE

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

86-04634/

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

ANNUAL REPORT

1985

Report submitted to the Minister of

Alberta Social Services and Community Health

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EXECUTIVE SUMMARY

The 1985 Report of the Provincial Senior Citizens Advisory Council emphasizes the need for a better understanding of the aging process and older people and presents the following ideas:

- A proposal for a Senior Citizens Week to be held annually in Alberta, which would emphasize the contributions older people make to their communities as well as to their families and to each other.

- The education of children and adolescents through contact with the elderly in a wide variety of roles so that young people will have a better understanding of aging in their own lives.

- The use of community programs to promote education on the aging process.

- The need to expand the dissemination of up-to-date information on the aging process and services for seniors to the general public, family members, service providers and planners.

- The coordination of the efforts of post-secondary institutions in the future development of courses and programs in gerontology.

- The continuation of a grants-in-aid program for research projects on aging.

The Council also examined three special issues.

- Assistance with the provision of care: we are discussing some existing programs for assisting families in the care of dependent older persons. We propose to do further study of these programs in the coming year as well as of other ways of assisting families in caring for their disabled elderly.

- Foot care services: we are discussing the need for foot care services and recommending that the Alberta Government continue its study of the issues involved, including the exploration of the feasibility of establishing a school of podiatry.

- Right to die with dignity: we are recommending that the Province of Alberta encourage the federal Government to make certain modifications in the Criminal Code of Canada so that health care professionals will be protected if patients or patients' families request them not to use extraordinary means to continue life when recovery is no longer possible.

It is our hope that this Report will lead individuals and organizations to initiate informational and/or educational programs about aging and older people. The Council also encourages the provincial Government to continue its services to seniors by giving consideration to the special issues raised in our report.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION ONE

TO THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH

WE RECOMMEND THAT THE GOVERNMENT SPONSOR AN ANNUAL PROVINCE-WIDE SENIOR CITIZENS WEEK (see page 4).

RECOMMENDATION TWO

TO THE MINISTER OF EDUCATION

WE RECOMMEND THAT THE CURRICULA OF THE SCHOOL SYSTEMS INCLUDE EDUCATION ABOUT THE AGING PROCESS TO HELP YOUNG PEOPLE UNDERSTAND AGING AND TO RE-CREATE RESPECT FOR, AND INTEREST IN, OLDER PEOPLE (see page 5).

RECOMMENDATION THREE

TO THE MINISTER OF EDUCATION AND THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH

WE RECOMMEND THAT THESE DEPARTMENTS JOINTLY SPONSOR TWO MOBILE VANS WHICH COULD BE USED BY SCHOOLS AND SENIORS' GROUPS THROUGHOUT THE PROVINCE AND WOULD CONTAIN MATERIALS TO ASSIST IN PROVIDING INFORMATION ABOUT THE PREVENTIVE AND SELF-CARE ASPECTS OF HEALTH AS WELL AS INFORMATION ABOUT AGING AND OLDER PEOPLE (see page 5)

RECOMMENDATION FOUR

TO THE MINISTER OF ADVANCED EDUCATION

WE RECOMMEND THAT THE DEPARTMENT TAKE A LEADERSHIP ROLE IN ENCOURAGING THE UNIVERSITIES AND OTHER POST-SECONDARY INSTITUTIONS TO COORDINATE THEIR EFFORTS IN THE FUTURE DEVELOPMENT OF COURSES AND PROGRAMS IN GERONTOLOGY (See page 9).

RECOMMENDATION FIVE

TO THE MINISTERS OF ADVANCED EDUCATION, HOSPITALS AND MEDICAL CARE, AND SOCIAL SERVICES AND COMMUNITY HEALTH

WE RECOMMEND THAT GOVERNMENT DEPARTMENTS CONTINUE TO STUDY THE ISSUES INVOLVED IN PROVIDING FOOT CARE, INCLUDING THE EXPLORATION OF THE FEASIBILITY OF ESTABLISHING A SCHOOL OF PODIATRY IN ALBERTA (see page 21).

RECOMMENDATION SIX

TO THE ATTORNEY GENERAL AND THE MINISTER OF FEDERAL AND INTER-GOVERNMENTAL AFFAIRS

WE RECOMMEND THAT THE ALBERTA GOVERNMENT PROPOSE TO THE FEDERAL GOVERNMENT THAT THE CRIMINAL CODE OF CANADA BE MODIFIED TO CLARIFY THE MEANINGS OF SECTIONS 14, 45, 198 and 199, SO THAT HEALTH CARE PROFESSIONALS ARE PROTECTED IF PATIENTS OR FAMILIES REQUEST THAT A LIVING WILL BE FOLLOWED (see page 22).

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

TERMS OF REFERENCE

Purpose

1. To review the views and concerns of older persons in Alberta.

2. To foster positive attitudes towards aging and a better understanding of old people.

3. To provide advice to the Government on specific policies and programs for senior citizens and to advise in regard to priorities and the co-ordination of programs.

4. To make any other observations to the Government deemed to be relevant to the development of programs for older people.

5. To review and advise on educational and special projects grants for programs for senior citizens, subject to the availability of funds.

6. To carry out other responsibilities at the request of the Government from time to time.

Structure

Meetings

- The Council will meet not less often than four times a year.

Reporting

- The Council shall submit an annual report to the Minister responsible for the Council at the end of each calendar year and submit any other report to the Minister deemed appropriate.

Remuneration of the Chairman and Members of Council

- Remuneration, honoraria and out-of-pocket expenses will be according to the appropriate schedule established by Ministerial Order. Honoraria will not be paid to public servants.

Secretariat

- The Director of the Senior Citizens Bureau will act in this capacity and the resources of this office will be available to the Council.

Membership

- Chairman to be appointed by Government and to hold office at the pleasure of the Government.

- One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association, and on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.

- One Member of the Legislature.

- Ten members representing the community.

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL 1985

Chairman: Raymond Clark
Bow Island

John P. Donahue
Calgary Area

Marguerite Garrett
Red Deer Area

Erna Goertzen
Lethbridge Area

Sister Jean Golden
Calgary Area

Arta Juneau
Grande Prairie Area

Milton McInnis
Edmonton Area

Desmond O'Coffey
Medicine Hat Area

Grace Smith
Edmonton Area

Representing the Alberta Hospital Association -

Edward F. Fee
Killam

Representing Rural Areas -

Muriel Oslie
Peace River

Donna Rose
Bassano

Representing the Alberta Medical Association -

Dr. Rodney Chadwick
Red Deer

Representing the Universities -

Professor A.E.D. Schonfield
University of Calgary

Member of the Legislature -

Harry Alger
M.L.A., Highwood

INTRODUCTION

In this 1985 Report, we are emphasizing the need for greater knowledge and understanding on the part of society generally about the aging process, the contributions made by older people a the special needs of older people. It is our conviction that wider understanding will lead to better and more effective ways of preventing unnecessary dependency and disability in the later years of some of our citizens.

Therefore, the main section of this Report deals with proposed means of conveying pertinent information on these subjects to all citizens as well as providing details of available benefits and services to those seeking such services. The proposed provincial Senior Citizens Week is discussed, as this is seen as an opportunity to increase understanding about aging and the contributions seniors can and do make to Alberta communities. We are reporting on education on aging in post-secondary educational institutions in Alberta, including professional faculties, and presenting a specific recommendation. Research is seen as a most important element in increasing understanding of all aspects of aging and thereby helping to ensure more appropriate services and delivery of these services. The Report reviews the research projects being funded by the Department of Social Services and Community Health, through the grant funds of the Senior Citizens Bureau, on our advice and recommendation.

We believe the successful pursuit of these policies would substantially assist in the achieving of the philosophy of the Senior Citizens Advisory Council, which emphasizes the ensuring of maximum independence and choice for older people, the encouragement of their participation in family and community life, and their involvement in the planning, development and assessment of services.

We have also examined some special concerns this year. These deal with foot care, living wills, and some forms of financial incentives for families caring for dependent elderly. These are discussed in the last section of the Report.

The Council appreciates the steps the Government is taking to improve long-term care services in the province by

- the pilot testing in two regions of a model for a coordinated assessment and placement service;
- the development and testing of a comprehensive long-term care assessment tool;
- the development of a patient classification system.

We appreciate the continued efforts being made by the Interdepartmental Committee on Long-Term Care to coordinate planning and policy development in this area. In the past we have often stated that such coordination is essential if our long-term care services for seniors are to be effective.

Recent changes in the Nursing Home Act and Regulations are welcome and respond specifically to some of the prior recommendations we have made. The increased nursing hours, in-service education, rehabilitation and recreation services will help to ensure a better quality of life for seniors in these institutions.

It is also gratifying that the Alberta Senior Citizens' Homes Association is moving to improve the services of the lodge program, as we have advocated, by adopting, in principle, basic standards for lodges and by sponsoring an educational program for resident supervisors.

The concerns we are presenting in this Report, while directed specifically to Government, are a challenge for all Albertans. The Government can, and does, provide programs to meet basic needs; however, the challenge lies with all of us, in our families and in our community life. In the end it is up to local communities, educational institutions, voluntary organizations and not least of all, to seniors themselves to ensure that the later years of life are fulfilling and satisfying. The Government can continue to assist by providing leadership.

I. INCREASING UNDERSTANDING ABOUT AGING AND OLDER PEOPLE

SENIOR POPULATION INCREASING

It is difficult to project what proportion of the total population seniors will constitute in the future because this is dependent on many factors. However, it is fairly certain that within twenty years time, by the year 2006, the population of seniors in Alberta will have doubled.[1]

MISCONCEPTIONS

A growing older population is often viewed as a problem because of misconceptions and a general lack of public understanding about aging and the aged. This results in a failure to recognize the numerous positive contributions made by seniors and may also bring about inappropriate behaviour towards them. Sometimes this lack of knowledge is responsible for "benign" neglect or even physical and/or emotional abuse of the elderly. Those caring for older people with special needs may not have a realistic understanding of the aging process, or they and the older people are not aware of available help and alternatives. As a result there is unnecessary stress and frustration which can lead to neglect and abuse.

NEED FOR KNOWLEDGE

To dispel these misconceptions, it is important that accurate up-to-date information about aging and older people, their situations and their needs, and benefits and services be available to:

- The general public so that individuals, as they age, have an understanding of the realities, both positive and negative, of the later years, of individual differences in aging and of ways to develop effective coping techniques.

- Family members and friends so that they will have an understanding of the concerns of older relatives and can develop ways of supporting them more realistically and effectively.

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1 Alberta Bureau of Statistics, Alberta Population Projections Update, (Alberta, May 1984) (Series A Projections).

- The planners and providers of services so that they can render such services more effectively.

In addition to increasing understanding about aging, it is also important to ensure that all concerned are aware of the great variety of benefits and services now available to seniors in Alberta and ways in which to obtain them. This knowledge is important so that older persons are aware of alternatives and can make realistic choices.

Therefore, our emphasis this year is on the dissemination of information and education about aging so that, to the greatest possible extent, we can prevent avoidable disability and dependency in the later years. This dissemination of information and education about aging need not be costly to government and could be improved through better planning at both provincial and local levels.

A Proposal for a Provincial Senior Citizens Week in Alberta

SENIORS ENRICH A COMMUNITY

During 1985 the Council prepared a proposal for a province-wide Senior Citizens Week which could be held each year in Alberta, probably in June. The proposal, which forms Appendix A, was presented to the Minister of Social Services and Community Health.

It is our conviction that such a week would do much to increase the appreciation of older persons in our society. The theme chosen for the first proposed week is "Seniors Enrich a Community." In all the publicity and activities surrounding the week the emphasis could be on the contribution aging persons make to their communities, as well as to their families and to each other.

It is our hope that this would be a week not only for honouring seniors, but also for developing plans in each community/ municipality (for it is the municipalities, with the help of seniors' organizations, which must take the leadership) to integrate seniors into community activities (recreational, social, political,

educational). Conferences and/or workshops on aging could also be held (see page 7 discussion). Such a week would give older persons and their communities a major activity for which to plan each year.

The holding of such an annual province-wide week need not be costly and would result in much goodwill.

Education about Aging for School Children

REALISTIC VIEWS ON AGING

We believe it is important that school programs in Alberta include some information about the aging process and older people. How this would be incorporated into a school program would depend on the abilities and interests of teachers and the cooperation of the Department of Education.

Such an addition to school curricula and contact with older persons in positive settings could be effective in modifying negative attitudes and in encouraging a realistic view of the aging process. This could also have valuable effects on the personal development of the students and encourage proper perspectives about aging.

IMPROVING ATTITUDES

A literature review, prepared for the Senior Citizens Bureau by Dr. Brian Stephens in 1978, points out that many problems experienced by older persons in their relationships with the rest of society may be a direct result of the inability or unwillingness of younger persons to plan for their own aging. To overcome these problems, attitudes and beliefs about old age (in particular about the elderly who seem to be frail) need to be modified.[2]

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2 Brian Stephens, "Attitudes Toward Aging, Old Age and Older Persons: A Review and Discussion," (a paper prepared for the Senior Citizens Bureau, Alberta Social Services and Community Health, Edmonton, June 1978).

Dr. Stephens suggests the following to improve children's and adolescents' attitudes towards aging.

PARTICIPATION OF OLDER PERSONS

- More contact between older persons and school-age children would be helpful--particularly contact with older people who are active and involved. Attitudes and perspectives developed and sustained early in life have a high probability of enduring.

- Older people, when the opportunities arise, should assist in changing attitudes. Some Alberta seniors are already involved in doing this in several senior centres in which the older persons are working with school children, but other efforts to develop positive and non-stereotypic ideas about older people need to be made throughout the province.

MOBILE HEALTH CARE VANS

In our 1984 Report we recommended that the Department of Social Services and Community Health sponsor two mobile health care vans which would contain information about the preventive and self-care aspects of health and would be made available to senior groups.

Because it is difficult for teachers to develop material that would be effective in modifying the quite common negative ideas about older people and aging, a further development of our idea about the vans would be helpful. If the health care vans also included information geared to children and young people, they could be used not only by seniors' groups but also by schools in the same area. Some of these materials would be directed to seniors themselves, while other materials would meet the needs of elementary and junior high students.

In our report last year we suggested that these vans could be attached either to urban or rural health units and could include:

- A wellness/self-care module in which goals would be to define wellness, introduce the project, and outline the individual's responsibility for health and well-being.

- A self-care video area that could have slide-tape shows, filmstrips and video tapes that promote health development and preservation. These could be lent out as part of a lending library so they would be available for classes and groups that have access to audio-visual equipment.

- A theme display area, which could be changed at intervals, could deal with such things as fitness, nutrition, safety, emotional health, health hazards, stress management, medication awareness for seniors, the aging process, etc.

In other words, these vans would explain the purpose and components of a health promotion, injury and illness prevention program as well as reinforce concepts of personal responsibility and self-care.

Workshops/Seminars on Aging

COMMUNITY PROGRAMS

We suggest that there could be more information about aging and the elderly available to the general public, and that encouragement could be given to Family and Community Support Services Offices, Health Units, Further Education Councils and senior centres to promote education about aging in communities. For example, these community programs could develop at least one or two conferences each year sponsored by, for example, seniors' groups, service clubs and/or religious organizations. These conferences could deal with various aspects of aging and be open to the general public.

At least once a year these local agencies could also sponsor one or two discussion groups for "adult children," helping them to become aware of available resources and increasing their understanding of the needs of their aging parents.

Information Services for Seniors

NEED FOR LOCAL SERVICES

As mentioned earlier, if older persons are to make appropriate choices, they need to have information about alternatives. The Senior Citizens Bureau provides a province-wide information service on benefits and programs for older persons, but it is important that this type of information be available on a local basis. Sometimes the older person needs specific help in reaching a service (for example, help with transportation or simply a personal interview to help sort out what is the real concern). Local information and referral services easily accessible to seniors should be available. We are supported in this by research which indicates that a personal and local source of information and help is the most likely to meet the needs of older persons.[3]

47 LOCAL SERVICES

As of 1985, Alberta had 47 services willing to be identified as sources of information for seniors in communities. Some were part of the services of senior centres; others were part of the services provided by Family and Community Support Services Offices, either by the general office staff or by specific staff persons attached to the offices and known as "senior citizens' coordinators" or "senior citizens' outreach workers." The suggested proposal for a senior citizens week (see page 4) and the continuation of the workshop for local information workers with seniors, presented yearly, are ways in which contacts with local senior citizens' information services can be developed. The workshops offer information workers and volunteers the opportunity to meet with persons responsible for major programs for seniors, to ask questions and to clarify their

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3 Celia Hales, "How Should the Information Needs of the Aging be Met? A Delphi Response," The Gerontologist, XXV, No. 2 (1985), pp. 172-176.

understanding of various programs. Appendix B summarizes a survey of the local services and also describes the central role of the Senior Citizens Bureau in providing information and its relationship to these local services.

Education About Aging in Post-Secondary Educational Institutions in the Province

MAJOR GROUPS NEEDING EDUCATION ABOUT AGING

In the 1984 report, we stressed the importance of education about aging and suggested convening a small symposium of educators to discuss this. There is a growing interest in this area of study, and we believe that it is important to support and encourage three major groups of students:

- Students who do not intend to work specifically with older people but wish to add to their general knowledge about aging, partly because almost every career--from sales person to cabinet minister--involves contact with seniors.

- Persons who will work in the field of aging (as planners, administrators or providers of service)--for them, undergraduate, graduate, continuing and in-service education are all crucial. These persons need to know and understand the special characteristics of the older population, and to have an understanding of aging as it affects individuals.

- Those who will be the teachers and researchers in gerontology in the future--with the growing elderly population, it is essential that there be persons able to meet this challenge through education and research.

SURVEY OF POST-SECONDARY INSTITUTIONS

As a preliminary step, before convening a conference to look at ways of sharing educational resources in aging, the Council, on the advice of a small group representing the universities, conducted a survey of all nineteen post-secondary educational institutions in Alberta. This was undertaken to determine what is now being taught at the undergraduate and graduate levels and in continuing education, as well as what is being planned (excluding medicine and dentistry), and to ask the educational institutions themselves for advice about the best ways to proceed.

The survey shows that seven of the nineteen institutions of higher learning offer a variety of courses in gerontology/aging.[4] Some of the institutions also provide workshops in planning for retirement.

UNIVERSITY OFFERINGS

The University of Alberta has courses in sociology and in occupational therapy. Course offerings at the University of Calgary are in the fields of psychology, sociology and social work, and an introduction to health care for the elderly. The University of Lethbridge provides one course in nursing, one in psychology and one in sociology.

During the 1985/86 term, the University of Calgary offered a number of workshops on gerontology/aging for nurses, physiotherapists and others interested in retirement, aging and death and dying. The University of Alberta held a workshop on communication with the elderly.

COLLEGE OFFERINGS

Grant MacEwan College offers courses in gerontology in its Extended Care Nursing Program. Mount Royal College lists two subjects--one in the Allied Health Area and an Introduction to Gerontology. Red Deer College provides a course on the Psychology of Aging.

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[4] Of the twelve not offering courses, three indicated they are considering the development of courses in gerontology and two are involved in the Elder-Hostel program, an educational opportunity for adults over age 60.

At the college level Grant MacEwan College is offering workshops in aging and Medicine Hat College is providing, through its extension program, workshops in retirement planning and death, dying and palliative care.

(Courses now being offered at both university and college levels are listed in the complete compilation of the survey available from the Senior Citizens Bureau.)

FUTURE PLANS: UNIVERSITIES

The University of Calgary plans to establish a graduate certificate program in gerontology in Continuing Education. The University of Alberta has established a Centre for Gerontology to encourage involvement in education and research related to gerontology. The Centre presently has a committee looking at the possibility of a certificate program. The University of Calgary and the University of Lethbridge are both considering programs in aging as undergraduate majors.

FUTURE PLANS: COLLEGES

Future plans at the college level include a two-year Certificate Interdisciplinary Program in Gerontology at Mount Royal College and a two-year program in gerontology leading to a diploma from Lethbridge Community College.

CONCERNS

A closer look at replies to the survey seems to indicate three difficulties in providing education in gerontology/aging:

- Gerontology/aging has not yet become an established discipline but is an expansion in each institution of an interest of an individual instructor or instructors who develop courses within their own parent disciplines (for example, sociology of aging as part of the offerings in sociology).

- When the instructor leaves the institution, the course is frequently discontinued since the vacant post is not designated as a gerontological specialization.

- Institutions planning to become involved or to deepen their involvement in studies on aging need additional ear-marked funding.

SUGGESTIONS FOR THE FUTURE

To overcome these difficulties, Council recommends that the Department of Advanced Education examine the issues involved in developing, coordinating and extending instruction in topics on aging. The Department might encourage each institution to establish a guiding authority to integrate offerings and, where feasible, arrange some formal certification in studies on aging. There is also a need for coordinating future plans among the institutions to minimize overlapping with its resulting waste of scarce resources. The Council would be willing to help in any way possible, including representation on any committee that might be set up. However, we do not see that a conference sponsored by the Council would be helpful. One of our special interests would be to encourage the continuing involvement of senior citizens in courses so that the students' learning about aging is not completely derived from books.

Instructors who have organized classes in gerontology/aging are to be commended for their efforts because they have had to depend on their own resources, without the official recognition and intellectual stimulation that an established discipline would provide. In many cases these instructors not only teach courses in gerontology but carry an added load of research activities, advising students, publishing newsletters and speaking publicly on the subject, while at the same time contributing to the department to which they belong.

The above-mentioned difficulties would also be lessened by establishing a guiding authority for gerontology within each institution and a coordinating group among institutions. This latter group might

sponsor workshops where instructors from different institutions could exchange information and coordinate some of their activities. It could encourage an interchange of students and, possibly, cross appointment of instructors.

Institutions already seem to be aware of these difficulties, and there are some tentative plans to provide better coordination by establishing majors or minors in this field at the undergraduate level and certificates or programs at the graduate level. Our recommendation suggests overall coordination through the Department of Advanced Education since additional funding is required for developing such curricula.

Research on Aging

NEED FOR RESEARCH

The Council is convinced that research on aging will assist in resolving the complex medical, social and psychological issues facing older people in today's society. Research that is specific to aging is imperative to improve and maintain their well-being and to ensure appropriate utilization of resources. Increased knowledge is basic to the development of effective educational programs.

GRANTS FOR RESEARCH ON AGING

In 1983, we recommended the establishment of a fund for grants-in-aid of research on aging believing that such a program would aid in the development of appropriate programs. We are pleased that the Minister of Social Services and Community Health responded by allocating some of the temporary grants of the Senior Citizens Bureau (1984/85 fiscal year) for this purpose. Furthermore, he asked that we provide advice and direction on the administration of these grants. Appendix C contains the terms of reference of the Council Subcommittee which is advising the Bureau. It also contains the objectives of the grants program and the eligibility criteria.

In 1984/85, twenty-two applications for grants were received. All were sent to independent reviewers and, based on these evaluations, five proposals were approved for funding.

The five are:

GRANTS APPROVED IN 1984/85

- Dr. Donald Bakal (Department of Psychology, Foothills Hospital, Calgary) is doing research on developing the computer software necessary for a cognitive assessment and rehabilitation system relating to elderly stroke patients.

- Allen Dobbs (Department of Psychology, University of Alberta, Edmonton) is delineating the pathological declines in memory, attention, and learning and language processes which accompany dementia. In this first stage of a long-term research program, tests have been developed which will be administered to patients with known and suspected dementias, with an emphasis on Alzheimer's disease.

- The Grandview Extended Care Centre in Edmonton is investigating the question of whether structured orientation programs for families of seniors result in the enhancement of care provided and of the quality of life of residents in an extended-care facility.

- The Peace River Health Unit #25 (Regional Interdisciplinary Steering Committee for Geriatric Services for the Peace River Region) is conducting a needs assessment of the senior population in the Peace River region in order to initiate a coordinated approach to the planning and delivery of services for seniors in the North Peace River region.

- One project is already completed. The Lutheran Welfare Society of Alberta used its grant to evaluate the feasibility of developing a shared housing project in Calgary as an additional housing option for seniors. By means of a two-part survey of seniors in a variety of living settings and a supplementary literature review, the study addressed the need for this type of housing, its appeal to seniors, and its ability to meet their needs and its costs.

The survey of seniors revealed that the physical limitations of the seniors living in the community who were interviewed were similar to those of the seniors interviewed who were living in nursing homes and lodges. It also indicated that the elderly in the community had some need for more social contact and participation and that many of those who had moved to care facilities had done so because of this need and lack of support from family and friends. However, these needs were not fully met in the care facilities. Some gaps were found in the housing continuum, between "too little" and "too much" care environments. On the basis of this finding, it was felt that there is a need for "supportive-independent" housing and that such housing would be ideally suited to meet the needs of some frail older persons.

It was unclear, however, how acceptable the shared housing option would be to older people. About half of those interviewed expressed an interest, but only 17 percent predicted they would move to a shared house. The Lutheran Welfare Society is proceeding to develop a shared house for six people as a demonstration project, feeling that the novelty of the idea was an obstacle to its acceptance and that there is a need for some new options in housing with support. It is anticipated that the project will function as a cooperative.

The deadline for receipt of applications for research grants in 1985/86 was July 31, 1986. Nineteen applications were received, and seven were approved for funding. (One of the seven later withdrew.)

The 1985/86 projects are:

1985/86 RESEARCH GRANTS

1. "A Study of Taste Perception and Dietary Intake of Elderly Albertans," submitted by the Department of Foods and Nutrition, University of Alberta. The proposed study will evaluate the taste perception and dietary intake of 120 elderly and young male and female Albertans, randomly chosen from the greater

Edmonton region. The research findings should facilitate appropriate dietary modifications for nutritional well-being and should be useful in planning and preparing food and food products for the older person.

2. "Effects of Vicarious Experience and Learning Material on the Metamemory and Cognitive Performance of Senior Adults and Adolescents," submitted by the Department of Family Studies, The University of Alberta. The purpose of the proposed research is to investigate the cognitive ability of older persons by testing whether age differences in cognitive performance are influenced by social factors. The general objective of this research is to discover procedures that might reduce the changes in cognition about which the elderly complain.

3. "Factors Which May Predict the Institutionalization of Alzheimer's Patients," submitted by the Department of Family Studies, The University of Alberta. The purpose of the study will be to identify the characteristics/circumstances of patients with Alzheimer's disease which might predict whether a patient is institutionalized relatively soon after diagnosis, or maintained for several years in the home of a caregiving relative. If this study can identify factors which predispose to early institutionalization, it may suggest interventions to promote home care for Alzheimer's disease patients for as long as possible.

4. "Support System and Adjustment Problems of Aging Persons of South Asian Origin in Calgary: A Descriptive Study," submitted by the Department of Educational Policy and Administrative Studies, The University of Calgary. The objectives of the study are to investigate the family and other support systems for aged people of South Asian origin, their needs and the various interest and leisure time activities enjoyed by these elderly people.

5. "The Validation of Dance and Exercise Therapy for the Elderly," submitted by the School of Nursing, The University of Lethbridge. The aim of the study is to determine the role of musical movement and dance therapy in improving behavioral competence and cognitive functioning in elderly people in residential care.

6. "A Study of Volunteers Using the 'Facts on Aging Quiz'" submitted by Athabasca University. The purpose of this project is to provide further Canadian documentation on the Facts on Aging Quiz (an instrument designed to elicit an individual's factual knowledge on aging), and to discover the level of knowledge about aging possessed by a sample of volunteers who have worked closely with elderly persons on a continuous basis for one year or more.

1986/87 APPLICATIONS

Sixteen applications for grants-in-aid of research on aging (for funding in the 1986/87 fiscal year) have been received and are being reviewed.

II. SPECIAL ISSUES

Assistance with the Provision of Care

CARE AT HOME

There are some older persons (and younger disabled persons) who need continuing care and supervision, but not necessarily in an institution. Unfortunately, some of these persons have to be institutionalized because they do not have the resources to pay for this care at home or it is beyond the financial and other resources of their family members to provide the needed care.

While it is an excellent program providing many health and support services, the Coordinated Home Care Program can provide these services on an intermittent basis only. It cannot provide continuing twenty-four hour care and supervision except on a very temporary basis.

If a person has to go into a nursing home, it costs in terms of public subsidy between $1,170 and $1,263 a month approximately (in addition to the amount the older person pays for board and room).

ASSISTANCE GIVEN IN OTHER COUNTRIES

Several European countries have programs of "Attendance Allowance" by which disabled persons, after a rigorous assessment of need (both financial and physical) are provided with funds which enable them, in part or in whole, to purchase such help. In some plans this care may be purchased from family, friend or neighbour if home care is not available. Other European plans provide monthly financial payments to a family member, friend or neighbour if the care involved limits the helper's possibilities of getting other employment or requires him/her to leave the work force.

In both types of plans a contract is made by the careprovider with the local home help office and help is considered as, and paid as, home help and must be provided within the defined scope of that

service. Such care is supervised by the Home Help Program and, if necessary, the caregiver is trained by a home helper.

THE CANADIAN SCENE

There are some attendance assistance programs in place in Canada. In Saskatchewan, Home Care Districts may compensate a careprovider for assisting a member of the family if no one else is available. This is usually in remote areas. The relative then becomes an employee of the Home Care Program and must take the training given to all homemakers. The careprovider is paid directly by Home Care and must be willing to serve other clients.

Veterans Affairs Canada has the Aging Veterans Program which is available to all war disability pensioners 65 years of age and older who also receive the War Veterans Allowance. Funds from the Aging Veterans Program may be used for direct patient care, personal care, housekeeping and/or groundskeeping to a maximum of $4,300 a year. This financial assistance is available only where needed benefits are not fully covered by other community programs. At present, approximately 125 veterans in Alberta receive this allowance. This cost is much less than the $38 to $41 a day now being paid by the Alberta Government for an individual in a nursing home. The veteran may either hire someone to provide this service or the allowance may be paid to a friend or relative, as long as he/she does not usually live in the patient's home and as long as providing care to the person has not been his/her usual function.

At the 1985 meeting of the Canadian Association on Gerontology, a paper, "Financial Incentives and Tax Considerations for Caregivers of the Elderly," outlined possible tax credits or deductions. Eligibility would depend on the level of dependency and on the finances either of the dependent person or the family caregiver, depending on who is paying for the expenses involved.

ISSUES TO BE EXPLORED

Appendix D summarizes these programs and looks at some of the issues which need to be explored in considering such plans. At this point, the Council is not ready to make a recommendation concerning this

type of assistance for the provision of care. We plan to look further at the issues involved (for example, assessment, eligibility criteria, administration, monitoring to ensure that neither the individual nor the program is abused or exploited). A further issue is that, even when funding is made available (either through the tax system or directly), it is not always possible to find individuals or organizations able to provide services for a reasonable fee.

Foot Care

PROBLEMS FOR OLDER PERSONS

Foot care is an essential component of health care for the elderly. It has been estimated that 35 percent of older people living at home may have significant foot disabilities unrecognized by primary physicians.[5] It has also been shown that misuse and poor preventive care lead to a high frequency of foot disorders. Many older people find it difficult to care adequately for their feet because of poor eyesight and other physical problems. Problems with the feet affect and curtail mobility and independence which in turn can affect overall physical and emotional health. Adequate care of the feet, therefore, is essential for older persons in order to limit disability and to preserve the highest possible level of independent activity.

FOOT CARE SERVICES IN CANADA AND ALBERTA

Appendix E is a summary of a background paper prepared for the Council. It includes a brief outline of the nature and extent of foot problems in the elderly and their effect on health and well-being. As well, it describes the situation with respect to foot care services in Alberta and Canada, and the provision of these services by podiatrists, chiropodists and other professionals such as nurses.

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5 Stephen Albert and Dennis Jahnigen. "Treating Common Foot Disorders in Older Patients," Geriatrics, XXXVIII, No. 6 (June 1983) pp. 42-55.

At this time in Alberta, foot care services are provided by podiatrists and some nurses and some physicians. It is our understanding that podiatrists (trained only in the United States) and physicians are able to carry out surgical procedures. Nurses provide many maintenance foot care services.

We understand that the Community Health Division of the Department of Social Services and Community Health is examining issues related to the provision of foot care services, particularly the need for this kind of care and the question of who should be providing it. How these services can be made more accessible to the elderly (and other persons) is another issue. We anticipate submitting further comments after we have received more information.

NEED FOR FURTHER STUDY

At the present time we encourage the Department of Social Services and Community Health to continue this study of the issues involved in the provision of foot care, including the feasibility of a School of Podiatry in Alberta, so that Canadians wishing to become podiatrists would no longer need to study in the United States.

Living Wills and the Right to Death with Dignity

CONCERN ABOUT PROLONGING LIFE ARTIFICIALLY

Advances in medical science and technology now allow heart and lung activity to be maintained solely by extraordinary and artificial means for an indefinite period of time. This raises a real concern for persons who feel that they do not want extraordinary means to be used if they become terminally ill.

LIVING WILLS

In the United States, increasing use is being made of "Living Wills." These are documents in which competent adults may express the desire that, in the event of terminal illness, they be allowed to die rather than be kept alive by extraordinary or artificial means. A Living Will need not merely state a wish to refuse treatment. These documents also allow persons to express their desires regarding the course of treatment and the situations in which that

treatment is not desired. In Living Wills, persons can also, if they wish, indicate that they want all means, including extraordinary means, to be used if they become terminally ill.

Because we were concerned about this issue, we prepared a background paper which is summarized in Appendix F.

CANADIAN SITUATION

In our exploration of the issue we learned that Living Wills are not legally binding in Alberta or across Canada as a whole. Since health care professionals are not bound to follow the provisions, a Living Will can only provide direction and express a person's wishes.

LEGISLATION IN THE UNITED STATES

In the United States, about one-half of the states have Natural Death Acts which permit Living Wills, and protect health care professionals from civil and criminal liability. This trend has not been followed in Canada. Legal writers, as well as the Law Reform Commission of Canada, argue that in Canada we already have the right to die with dignity under the present common law. There is no obligation upon the physician to provide extraordinary measures. The only requirement is that reasonable care, consistent with current medical practice, be provided and that consent to treatment be obtained. Other problems with legislation, such as that in the United States, are described in the background paper.

DIFFERENT CANADIAN APPROACH

In summary, then, we do not support the type of legislative development that has taken place in the United States. The Canadian system is different. We do believe that Living Wills should be an option available to persons concerned about death with dignity. While not legal in the real sense of the word, Living Wills could be of great assistance to family, friends and health care professionals. The status of Living Wills could be similar to certain provisions in current wills which are not legally enforceable (for example, provisions regarding burial).

CHANGES IN THE CRIMINAL CODE

At present, the Criminal Code of Canada, in particular sections 14, 45, 198 and 199, creates some concern among health care professionals, and makes some reluctant to carry out the provisions of Living Wills. In brief, these sections state:

14. No person may consent to have death inflicted upon him.

45. Everyone is protected from criminal responsibility for performing a surgical operation if the operation is performed with reasonable skill and care, and it is reasonable to perform the operation.

198. Surgical and medical personnel are required not to do any lawful acts that may endanger the life of a person.

199. There is a legal duty to perform an act if omission is, or may be, dangerous to life.

These sections in the Criminal Code could be clarified so that they would not be interpreted as requiring a physician to continue to administer, or to undertake, medical treatment against the clearly expressed wishes of his client and when there is no possibility that the treatment would lead to recovery. Similarly, physicians would be protected when instituting palliative care and comfort measures, even if such measures are likely to shorten life expectancy.

A suggested resolution to this lack of clarity in sections 14, 45, 198 and 199 of the Criminal Code of Canada is the addition of a further section to the Code which could be similar to that suggested by the Law Reform Commission of Canada in its Working Paper 28 entitled "Euthanasia - Aiding Suicide and Cessation of Treatment."

A P P E N D I X A

A PROPOSAL FOR A SENIOR CITIZENS WEEK IN ALBERTA

JUNE, 1986

Prepared by

The Provincial Senior Citizens Advisory Council

April, 1985

Provincial Senior Citizens
Advisory Council
1985 Report

A PROPOSAL FOR A SENIOR CITIZENS WEEK IN ALBERTA
JUNE, 1986

1.0 OBJECTIVES OF SENIOR CITIZENS WEEK

1.1 To increase awareness of seniors in Alberta;

1.2 To highlight the positive contribution that seniors have made and continue to make to the community;

1.3 To promote positive attitudes towards seniors.

2.0 PROPOSED DATE

2.1 One week in June.

3.0 SUGGESTED THEME

3.1 Seniors Enrich a Community

4.0 RECOMMENDED PLAN OF ACTION

It should be noted that the majority of the work will be done by the local municipalities. The role of the Provincial Senior Citizens Advisory Council will be to stimulate and promote Senior Citizens Week. The work will be done primarily by staff of the Department of Social Services and Community Health (the Senior Citizens Bureau and Public Communications).

TIME FRAME

PROPOSED STEPS

4.1 Seek approval and support of the Alberta Government for Senior Citizens Week.

TIME FRAME

4.2 Set up a Committee, chaired by R. Clark with representation from the Alberta Council on Aging, the Alberta Senior Citizens' Homes Association and the Alberta Senior Citizens' Sport and Recreation Association and representatives from the Departments of Culture, Recreation and Parks and Municipal Affairs. The first meeting would be in June, 1985. *JUNE 1985*

4.3 The Senior Citizens Bureau would write the Guide to Senior Citizens Week Events, and Public Communications would edit and print it. *SEPTEMBER-NOVEMBER 1985*

4.4 Posters would be designed and printed.

4.5 The Alberta Urban Municipalities Association and the Alberta Association of Municipal Districts and Counties would be notified about the week. *NOVEMBER 1985*

4.6 An information kit for the media would be developed.

4.7. A letter would be drafted for the Minister of Social Services and Community Health and sent in January, 1986 to all Mayors and Reeves, senior centres and major senior citizens' associations, along with an information package which would include one set of posters and the guide to events. The letter would ask the municipalities to activate groups to organize local events. *JANUARY 1986*

4.8 The Premier of Alberta would be asked to proclaim, in the Legislature, the week of June _____ as Senior Citizens Week. *MARCH 1986*

4.9 It is suggested that a small ceremony might be held in the Legislature, as is done in Ontario. *MARCH 1986*

4.10 The Minister of Social Services and Community Health would be advised of major events so that he could attend some of them. *MARCH 1986*

TIME FRAME

4.11 The Minister of Social Services and Community Health would advise his ministerial colleagues of the events which are taking place. *MARCH 1986*

4.12 The media information kit would be sent to newspapers, television and radio stations. *MARCH 1986*

4.13 Public service announcements would start appearing in newspapers and on radio. *APRIL-MAY 1986*

4.14 A formal proclamation by the Premier would appear in all newspapers. *JUNE 1986*

5.0 BUDGET

5.1 Direct Costs - $52,000

5.1.1 Public Communications

It is estimated that Public Communications would incur around $40,000 of direct expenses which would be split between two fiscal years. The attached sheet details these costs.

5.1.2 Appeal and Advisory Secretariat

Direct costs would include the expenses of the Planning Committee. These costs would be approximately $10,000.

5.2 INDIRECT COSTS

Indirect costs would include:

a) staff time, professional and secretarial, of both the Senior Citizens Bureau and Public Communications and possibly $2,000 of the Bureau's contract funds for secretarial help;

b) mailing;

c) telephoning.

5.3 LOCAL COSTS

Local costs would be handled by the municipalities. Any work done locally would be at the expense of local municipalities.

Senior Citizens Week - Cost Estimates

Media Information Kits (400)	Folders (Alberta	$ 500
	Fact Sheets (design, typesetting, printing)	$ 800
Guide to Events (booklets) (2,000)	Design, typesetting	$ 1,500
	Printing	$ 1,800
Posters (10,000)	Initial design costs	$ 2,000
	Printing	$ 2,400
Advertising (all provincial dailies and weeklies, one insertion, 300 lines) (production costs incl.)		$ 25,000
Public Service Announcements	Production of 3 radio spots	$ 5,000
	Distribution	$ 1,100
TOTAL		$ 40,100

Please note that these are rough estimates and costs are based on similar projects and productions. Final costs could vary depending upon the actual content of the above.

Prepared by Public Communications
Social Services and Community Health
April 11, 1985

A P P E N D I X B

SUMMARY

ALBERTA'S INFORMATION AND REFERRAL SERVICES FOR SENIORS

A BACKGROUND PAPER

Provincial Senior Citizens
Advisory Council
1985 Report

ALBERTA'S INFORMATION AND REFERRAL SERVICES FOR SENIORS
A BACKGROUND REPORT

This paper reports on a survey of the 47 formal local information services for seniors and also describes the information service of the Senior Citizens Bureau. These local services are listed in the Senior Citizens Bureau's 1984 Programs for Seniors booklet. They have indicated a willingness to serve as central places for receiving inquiries from seniors in their area. A telephone survey of these services was made in the summer of 1985 by the Senior Citizens Bureau.

It is important that these local services are able to function effectively since they have the potential to facilitate self-determination for older adults. Rosalie Kane, in a presentation at the 1985 Conference of the National Council on the Aging, said that the most promising aspects of prevention are those that provide information to the consumer on how to use the system.[1]

Statistics About the Nature of Information Requests

Although most of the services do not keep formal statistics, 39 of them were able to provide estimates about the nature of the information requests they receive. Over half of these services receive 50 percent or more of their requests from seniors.

Thirty-four of the respondents were able to estimate the number of monthly requests from seniors. The 6 information services, which are part of the large senior centres, handle between 100 and 1,600 of these requests per month; 3 smaller services average nearly 100 requests monthly. Eight services respond to over 80 inquiries and 8 handle from 40 to 80 requests a month. The remaining receive considerably fewer requests, with 8 of the respondents reporting 10 or fewer per month.

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1 Rosalie Kane, "How to Organize a Continuum of Care--An Ideal Model" (Paper presented at the 35th Annual Conference of the National Council on the Aging, San Francisco, April 24, 1985.)

An additional 600 to 700 requests are dealt with monthly by the Bureau. In 1984, 47 percent of the requests to the Bureau were from seniors, and about 18 percent from each of the following: 1) media, M.L.A, business offices; 2) agencies and professionals; and 3) family and friends.

The most frequent type of information requested from the local information services related to finances. Housing and grants were the next major areas of interest, while the third most popular type of question concerned services for seniors available at the senior centres or elsewhere in the community. Other government benefits (mostly health) were the fourth major type. Transportation inquiries and questions regarding legal matters also figured as frequent subjects of information requests.

The largest number of questions the Bureau handles (41 percent) relates to concerns about aging and services for seniors in general. Other concerns about retirement planning, employment, citizenship and counselling account for nearly as many requests as do housing and finances (about 18 percent each).

The relatively low number of health-related questions both at the local level and at the Bureau might be due to there being directed elsewhere, perhaps to community health nurses. It is significant that 30 percent of the local services reported receiving referrals from agencies and professionals, usually from doctors and Home Care nurses.

Public Relations Work

Both local services and the Bureau use a number of ways to publicize their work; local newspapers, word-of-mouth and other printed materials are the most frequently used forms of publicity. Although the importance of word-of-mouth communication was mentioned by only 56 percent of the respondents, this probably underestimates the importance of this medium, especially in small towns and in the rural areas. Sixty-five percent of the local information services advertise in their town newspapers.

The Bureau has a column about programs for seniors in every issue of the nearly monthly Alberta Council on Aging News. Twice a month the Public

Communications Branch of the Department of Social Services and Community Health distributes the Bureau's column "Senior Scene" to rural weekly newspapers. This column has increased by 40 percent the calls from rural areas made to the Bureau.

Forty-two percent of the local information services stated that they use brochures, mailouts, newsletters and posted information. Four major services attached to senior centres publish their own monthly newsletters. Another way that centres make themselves known in the community is either by producing, or being listed in, directories or calendars of civic events. Seven local centres reported advertising on local television stations, and six have advertised on radio.

Much of the information about benefits for seniors is provided by the Senior Citizens Bureau's booklet Programs for Seniors. Last year 45,000 copies were printed, and the booklet has been translated into French, German and Ukrainian. Copies are distributed to health care offices, social service agencies, senior citizens' centres and physicians as well as to lodges, nursing homes and auxiliary hospitals. The Bureau also publishes the Fact Sheet, a bimonthly newsletter for persons working with older people; approximately 2,000 copies of each issue are distributed. New programs or changes in programs are always announced in the Fact Sheet. In 1981, posters listing benefits for seniors and bearing tear-off cards were sent to senior centres and post offices; this method was a way of encouraging people with questions to contact the Bureau. Plans are being made to develop new posters, promoting seniors as an active group, for use in senior centres and at information fairs.

The Bureau's information officer responds to opportunities for interviews on radio and television; these appearances, plus speeches and lectures, average 24 a year. Six to eight information workshops and displays at conferences and information fairs are held annually. The Bureau is now preparing, with the assistance of Public Communications, four slide-tape presentations on financial benefits, health care, housing benefits and retirement opportunities. A list of publications and resource materials found in the Bureau's small library is available to the public. Interested persons are invited to study in the library, borrow books or obtain free photocopies of material. There

also are a number of publications on aging available in the Social Services and Community Health departmental library. Smaller libraries exist in three of the larger senior centres in Alberta. The Bureau has published two kits for distribution throughout the province: "Understanding and Working with Older People" and "Guidelines for Senior Citizens Centres."

Outreach (Assistance Beyond Straight Information and Referral)

Providing outreach involves linking people with services they are inquiring about, for example, driving them to another office, phoning to get information for them, going to an individual's home if the person cannot come into the office for assistance. Most of those who do not do this themselves refer the individual to other services. Slightly more than half of all information services contacted do some type of linking of seniors with services. Three of the centres do outreach which involves door-to-door canvassing to discover the needs of older people in the community.

Problem Areas

Forty percent of the local services indicated there are some problem areas. The most often cited problem was the lack of time and staff. There appears to be a need to help staff develop ways to recruit and use volunteers. The next most frequently mentioned problem was in dealing with federal Government Income Security Offices. Although there is some help available from these offices, questions about finances still remain the most common problem of seniors. Some local services indicated they have a good working relationship with these offices, while others felt they receive little assistance. Respondents indicated a need to increase information and outreach services, particularly to reach the elderly still isolated geographically or socially. Language barriers continue to be a problem. Finally, a problem area identified by some services is the general lack of knowledge on the part of their own staff of what is available for seniors and who, and what agencies, can help with specific problems of seniors.

The Bureau also attempts to meet this need by funding workshops which can provide information about benefits and various aspects of aging for volunteers

and/or staff. These workshops are given at the local level on request. The Bureau also offers a two-day workshop every year in Edmonton. The Edmonton workshop allows workers, who are providing information across the province, to meet with persons responsible for major programs for seniors. Hopefully, the further distribution and development of information material will help reduce these problems in the future.

The complete paper is available from the Senior Citizens Bureau.

A P P E N D I X C

TERMS OF REFERENCE FOR THE

RESEARCH SUBCOMMITTEE OF THE

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

AND FOR THE RESEARCH ON AGING GRANTS

TERMS OF REFERENCE FOR THE RESEARCH SUBCOMMITTEE OF THE PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

PREAMBLE

The Research Subcommittee of the Provincial Senior Citizens Advisory Council was formed in June, 1984 at the request of the Minister of Social Services and Community Health to carry out Recommendation Nine (funds for research on aging) in the 1983 report of the Provincial Senior Citizens Advisory Council.

STATEMENT OF PURPOSE

The purpose of the Research Subcommittee will be to advise the Senior Citizens Bureau on the administration of these research funds.

TERMS OF REFERENCE

1. To recommend priorities for research on aging.

2. To review all applications for grants in-aid-of research on aging.

3. To make recommendations regarding their funding to the Department of Social Services and Community Health.

4. To assess the need for continued and expanded funding for research in Alberta.

MEETINGS

1. The Senior Citizens Bureau will keep the Research Subcommittee informed of the progress of the research projects and will seek its advice as appropriate.

2. The Research Subcommittee will meet approximately six weeks after each deadline period to review all research proposals and advise on their funding.

3. The Research Subcommittee will meet at least three months before each deadline period to review progress to date, to decide on priorities for future funding for research on aging and to assess the need for continued and expanded funding for research on aging in Alberta.

4. Other meetings may be called at the discretion of the Chairman of the Research Subcommittee.

TERMS OF REFERENCE
RESEARCH ON AGING GRANTS

Eligibility Criteria

Applicants must be affiliated with or have an appointment in a health care, or social service agency or an educational institution.

Applicants must be Canadian Citizens or Landed Immigrants and residents of Alberta.

Objectives

The objectives of the research grants are:

1. To provide opportunities for Alberta researchers to contribute to knowledge about aging and to share this knowledge with others in order to improve the well-being of older people.

2. To encourage the development of research projects with practical implications for the lives of older persons.

3. To increase public awareness about the importance of research in aging in view of the growing numbers of elderly individuals.

4. To increase the opportunities for communicating research findings on aging.

A P P E N D I X D

SUMMARY

ASSISTANCE WITH THE PROVISION OF CARE

A BACKGROUND PAPER

Provincial Senior Citizens
Advisory Council
1985 Report

ASSISTANCE WITH THE PROVISION OF CARE
A BACKGROUND PAPER

In these days single-parent families, families with two working spouses and older couples living away from younger family members are becoming the predominate social patterns. We need, therefore, to consider ways of assisting families in their care of elderly members. A recent study mentioned by Evelyn Shapiro from the University of Manitoba in her keynote address to the Alberta Association on Gerontology, May, 1985, indicates that, in spite of shifting social patterns, families still continue to carry the greatest burden of care for the older generation.

- Thirty-six percent of elderly people needing care are attended to by their children, mainly daughters and daughters-in-law.

- Thirty-three percent depend on spouses for care.

- Nineteen percent are cared for by other relatives.

- Twelve percent are assisted by friends and neighbours.

Many of these careproviders suffer stress because of the extra care requirements. A time study conducted in Manitoba recently calculated these requirements as follows:

- Assistance with daily living — 9 hours per week
- Assistance with limited mobility — 9½ hours per week
- Assistance with daily living and grooming — 14 hours per week
- Assistance with daily living, grooming, feeding, transferring — 27 hours per week

Additional pressures are put on these careproviders because:

- Sixty percent of the daughters (daughters-in-law) work in full-time jobs outside the home;

- The elderly spouse who is the caregiver suffers from fatigue, illness and tension

- Many of the other attendants (other relatives, friends and neighbours) are also in full-time work situations although studies have not been made to determine the percentage working outside the home.

The Coordinated Home Care Program assists in providing many health and support services, but of necessity it can provide care on an intermittent basis only. It cannot provide continuing twenty-four hour care and supervision except on a temporary basis.

Other options are being offered so those wishing to assist relatives need not be overcome by stress and fatigue. Norway and Sweden have plans that provide:

- Monthly financial support for the careprovider if the care involved limits the helper's possibilities of getting other employment or requires him/her to leave the work force;

- A pension for a person who has looked after the elderly or disabled relative if the services have led to a permanent reduction in the possibilities of obtaining employment;

- A contract between the careprovider and local home help;

- Supervision and payment by the home help office;

- Training for the careprovider if necessary.

In the United States, the State of Wisconsin (through the Community Options Program) can provide funding to individuals to purchase needed services. A care plan is developed with the person in need, and the person is reimbursed up to the amount of public funding that would have been spent had that individual become a medicaid eligible nursing home resident. This program first

started on a pilot basis in 1982. It is not specifically intended to assist family caregivers, but it is similar to part of the attendance allowance programs.

Saskatchewan has a similar plan that covers:

- Compensation for a careprovider to assist a member of the family if no one else is available, who then is employed and trained by the Home Care Program;
- Training given through the Home Care Program;
- The requirement that the caregiver serve others in the area.

Since 1981, Veterans Affairs Canada has had a project called the Aging Veterans Program that includes:

- Provision for the veteran to hire a careprovider who may be a friend or relative as long as he/she does not usually live in the patient's home;
- Money for alterations to the veteran's home;
- Transportation costs to help eligible low-income veterans attend social activities;
- Funds for specialized services such as out-patient departments, day-care hospitals and day-care centres.

These programs taken together give excellent assistance to a family careprovider by funding a relief caregiver, other care options, and transportation.

A tax credit or tax deduction plan presented in a paper given at the 1985 meeting of the Canadian Association on Gerontology has three different parts:

- One would allow a dependent elderly person paying a careprovider to receive a limited amount of tax credit for such services.

- A second possibility would be a tax credit to a certain limit for a family member, who is paying for the care of a dependent elderly person and has to hire someone to care for the person while he/she is at work. The family careprovider can also claim an additional 12 hours per month so he/she has some rest or recreational time.

- A third arrangement would allow a full-time caregiver (relative or friend) to take a leave from her/his regular job and be paid a minimal allowance as well as continuing to participate in a provincially/federally organized pension plan if he/she participated in such a plan before assuming the care of the older person.

Before any of the plans could be adopted, a number of issues would need to be explored:

- The proper assessment tools and criteria of need for determining the needs of both the elderly person and the family;

- A plan for reassessment of both the patient and the family situation to see how well the family is coping and if help (both/either financial or professional) is still needed;

- A training program for the caregivers;

- A study to determine how many careproviders in Alberta find themselves in stress situations because they are caring for a relative or friend and how many elderly who are now in institutions could have remained at home if financial assistance or relief care services had been available;

- The determining of the responsibility for the administration and monitoring of such a program or programs to ensure that neither the individual nor the program is exploited or abused.

The Provincial Senior Citizens Advisory Council plans to look more closely at the issues involved and gather additional information during the coming year.

The complete paper is available from the Senior Citizens Bureau.

APPENDIX E

SUMMARY

FOOT CARE NEEDS OF THE ELDERLY

A BACKGROUND PAPER

Provincial Senior Citizens
Advisory Council
1985 Report

THE FOOT CARE NEEDS OF THE ELDERLY
A BACKGROUND PAPER

INTRODUCTION

Foot care is an important aspect of health care, particularly for the elderly. Both the provincial Senior Citizens Advisory Council in its 1982 Annual Report[1] and the Alberta Council on Aging in a brief[2] have commented on the importance of foot care. This year the Provincial Senior Citizens Advisory Council requested that a background paper on foot care be prepared for discussion by its members.

This background paper includes a brief review of the literature and a description of the current situation with respect to foot care services in Alberta and across Canada.

DEFINITIONS

Two terms, chiropody and podiatry, have been used to designate the practice of diagnosis and treatment of foot disorders.

At a foot care workshop held at Grant MacEwan College in Edmonton in November, 1983, the workshop leader, Monica Wright defined the terms chiropody and podiatry as follows.

Chiropody: Conservative management of problems of the foot by:

1. cutting/scraping of the skin and nails,
2. corrective and protective padding and application,
3. massage, exercise, heat and hydrotherapy,
4. patient education.

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1 Provincial Senior Citizens Advisory Council, Annual Report (December 1982).

2 Alberta Council on Aging, Brief to the Task Force on Health and Social Services of the Official Opposition (December 8, 1983).

Podiatry: Management of problems of the foot by:

1. invasive diagnostic and therapeutic procedures,
2. surgery under local and general anaesthetics,
3. internal and external use of drugs.

CAUSES OF FOOT PROBLEMS AMONG THE ELDERLY

Life-long trauma, misuse and poor preventive care can lead to a high frequency of foot disorders among the elderly. Many professionals recognize that some deformities are caused by physical force such as walking on concrete floors or wearing poorly fitted shoes. Many older persons suffer from conditions such as poor eyesight, stiff joints, crippled hands, obesity or a variety of disabilities which can make it very difficult or impossible to care for their feet.

Patricia King in her article "Foot Problems and Assessment"[3] cites five classifications of foot problems. These categories are mechanical stressors (sudden injury or a lifetime of stress resulting from poor stance or poor-fitting shoes), arthritis (a common joint disease), circulatory changes (disturbance of blood flow to the foot), dermatological lesions (skin lesions resulting from poorly fitted shoes, improper foot care and infections), and neurotrophic lesions (the result of diabetes or of a nervous system disorder).

THE IMPORTANCE OF FOOT CARE

Foot care programs should have three important goals: 1) to limit disability, 2) to preserve maximum normal function, and 3) to restore the highest possible level of independent activity.

In addition to increasing personal comfort, foot care can:

1. lessen the possibility of medical or surgical complications;

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3 Patricia King, "Foot Problems and Assessment," Geriatric Nursing, (September/October, 1980).

2. reduce the need for institutional care;

3. reduce the likelihood of hospitalization as a result of foot infection;

4. remove some of the stress and strain of foot discomfort.

Limited mobility due to foot disorders can have a negative effect on an elderly person. Once a person cannot get around freely, independence is curtailed and psychological well-being can be affected. When an older person is forced to restrict activities because of immobility, health can deteriorate and he/she can become more socially isolated.

Several studies have made recommendations in the area of foot care for the elderly. The main recommendations are for:

1. foot screening programs for seniors;

2. educational programs for the general public on basic foot hygiene and foot problems;

3. workshops and seminars on foot health for nursing students and non-professional caregivers in long-term care facilities.

THE CURRENT SITUATION IN CANADA

Services	Where Provided	Health Insurance Coverage
Ontario		
Only province which offers a program to train chiropodists	George Brown College and Toronto Institute of Medical Technology	
After graduation, chiropodists treat a wide range of minor foot ailments, make minor shoe alterations and provide foot care education	Graduates work in hospitals, public health units, homes for aged and other institutions	Services not covered by Ontario Health Insurance Plan
Podiatrists provide diagnostic and therapeutic procedures, do surgery	In health care settings	Services are partially covered by Ontario Health Insurance
Increasing effort being made to train nurses in more elementary foot care	Wherever nursing care is available	
Saskatchewan		
Saskatchewan Health Department has funded two pilot chiropody clinics. Now planning a provincially funded chiropody program	Plan to set up clinics in each of the ten provincial health regions	Covered by Saskatchewan Health Services Valid card needed
Manitoba		
Home Care Program provides foot care as part of personal care for those eligible for Home Care	Client's home	Covered under Home Care regulations
Homemakers or Home Care attendants do routine filing of nails if authorized by case co-ordinator	Client's home	Covered under Home Care regulations

Services	Where Provided	Health Insurance Coverage
Manitoba (cont.)		
Licensed practical nurses and registered nurses may perform foot care services as part of the individual's grooming needs	Community Health Nurse will do this at patient's home. Other nurses will provide care in nursing settings	Covered under Health Care
More complex foot care is provided in foot clinics by a chiropodist or podiatrist	Clinic	Medicare does not cover this. Private insurance called Blue Cross Extended Care Plan is available for about $8.00 a month to cover such care
Prince Edward Island		
Public Health and Home Care nurses do some basic foot care such as toenail cutting	Client's home	No cost to client
Provincial homemakers provide foot care in personal care but cannot cut toenails	Client's home	No cost to client
Registered nurses provide basic foot care	Nursing homes	No cost to client
Referrals are made to podiatrists if the treatment required is beyond the care listed above	There are two podiatrists/ chiropodists in the province. Usually work in offices or clinics	Podiatrists are not covered by Hospital Services Commission. Chiropodists are private practitioners and are not subsidized through the Hospital Medicare Insurance Plan. If clients are referred by a medical doctor, the services are free

Services in New Brunswick, Newfoundland and Nova Scotia:

In New Brunswick and Nova Scotia the main providers are Community Health nurses. The Victorian Order of Nurses performs these services in Nova Scotia and Newfoundland. Podiatrists practice in New Brunswick, but in Newfoundland serious foot problems are treated by physicians.

THE CURRENT SITUATION IN ALBERTA

Podiatrists

There are 18 podiatrists in Alberta - 10 in Calgary, 6 in Edmonton, 1 in Lethbridge and 1 in Medicine Hat. Chiropodists are not recognized in the province.

Community Health Nurses

It was found that Community Health nurses do not usually do foot care. When these services are performed, the basic foot care includes cutting, filing and cleaning of toenails, filing corns and calluses, packing for ingrown toenails and generally teaching basic foot care. They also do "care of the feet" presentations to groups upon request.

Home Care Nurses

Home Care nurses provide foot care within the boundaries determined by the Nursing Profession Practice Standards. The need for podiatry, especially for the elderly, has been recognized by Home Care nurses particularly in the rural areas of the province. A number of Home Care programs have had a podiatrist conduct a workshop on foot care for Home Care nurses. Also podiatrists in Calgary have developed a Home Care Nursing Podiatry Training Program three to five weeks in length.

Registered Nursing Assistants

A registered nursing assistant employed/contracted by the Home Care Program may perform foot care when he/she has supervision by a health care professional.

Home Health Aides/Personal Care Attendants

A home health aide/personal care attendant employed/contracted by the Home Care Program may perform routine foot and hand care when supervised by a health care professional except in cases where there are circulatory problems.

Foot Care Clinics

Multi-purpose senior centres in Edmonton and Calgary provide foot care for the elderly. At the Kerby Centre in Calgary, the care is given by registered nursing assistants, and at the Society for the Retired and Semi-Retired in Edmonton the foot care service was started as a pilot project by the Victorian Order of Nurses. Some other senior centres have a podiatrist or health care professional provide service one day a month and other centres are planning to do this.

Pilot Demonstration

The Minburn-Vermilion Health Unit received a special project grant from the Senior Citizens Bureau in the 1983/84 fiscal year to carry out a demonstration project on foot care. The staff person employed for the foot care program is a registered nurse. An administrative fee of $5.00 per visit was established.

Foot care clinics are held in conjunction with geriatric well clinics in senior citizens centres. The nurse works on a part-time basis and assesses and provides basic foot care (nail cutting, paring of corns and calluses) about eight times a month. Referrals are made to physicians and to the podiatrist in Lloydminster.

This project is in the process of being evaluated, and it will continue to operate as originally organized. The fee for service will remain, since it did not seem to be an obstacle to individuals using the service. The Health Unit plans to publish a paper on the pilot project.

Proposal for a Review of Foot Care

The Alberta Health and Social Services Disciplines Committee has recommended that Alberta Social Services and Community Health undertake a review of foot care services. The Disciplines Committee recognizes that there is a need to undertake a comprehensive study of foot care needs and manpower requirements in this area.

The Community Health Division of the Department of Social Services and Community Health has this study on its work plan for completion within the 1985/86 fiscal year.

It is evident that a number of important initiatives are being taken by the Alberta Government in the area of foot care. The high demand and waiting lists at existing foot clinics in Alberta show that there is a need for this service. Rural areas in particular have a great need for foot care services by trained personnel. The survey to be undertaken by the Community Health Services Division to determine foot care needs and manpower requirements in this area is an important first step.

The complete paper is available from the Senior Citizens Bureau.

APPENDIX F

SUMMARY

LIVING WILLS

A BACKGROUND PAPER

Provincial Senior Citizens
Advisory Council
1985 Report

LIVING WILLS
A BACKGROUND PAPER

I. INTRODUCTION

Formerly, death ensued quickly after the cessation of spontaneous heartbeat and respiration. Death was defined as the absence of respiration and pulse and a person was dead when the doctor said he was dead. Advances in medical science and technology now allow heart and lung activity to be maintained solely by extraordinary and artificial means for an indefinite period of time. People wishing to prevent the use of such means to prolong their lives are looking at the possibility of signing Living Wills.

II. LIVING WILLS

A. Definition

A Living Will may be defined as a document wherein a competent adult expresses a desire that, in the event of terminal illness, he/she be allowed to die rather than be kept alive by artificial or extraordinary means.

However, a Living Will need not merely refuse treatment. This document allows a person to express his/her desires regarding the course of treatment and the situations wherein that treatment is not desired. Therefore such a document could indicate that the person wishes all means, including extraordinary means, to be utilized should he/she become terminally ill.

The term "Living Will" is really a misnomer in that a "Will" is a document which takes effect at the time of death of the testator. In contrast, the Living Will takes effect during the lifetime of the person drawing up the will.

B. Formalities

A Living Will should be treated in a similar fashion to other wills. The party involved should sign and date this document. The signatures of two

witnesses should be obtained. Copies of the will should be distributed and the whereabouts of the will should be made known to the person most likely to influence care, such as family and friends, physician, clergyman, and lawyer. Such documents usually release health care professionals from liability when following these directives.

C. Status

A Living Will is not a legal document either in Alberta or across Canada. Health care professionals or institutions are not bound to follow the provisions. It appears that this is a similar situation to the direction in an ordinary will that the testator's body is to be cremated after death. A Living Will provides direction and expresses the wishes of the patient but is not legally binding.

III. ETHICAL CONSIDERATIONS

Various religious opinions indicate that the prolongation of dying by extraordinary means is not supported. This view is evident in statements made by Pope Pius XII, United Methodists, United Church of Christ, Central Conference of American Rabbis, American Friends Service Committee and the Presbytery of New York City.

Also various professional and ethical groups support the right to die of the patient. A statement entitled "Joint Statement on Terminal Illness--A protocol for health professionals regarding resuscitative intervention for the terminally ill" was adopted in 1984 by the Canadian Nurses Association, the Canadian Medical Association, and the Canadian Hospital Association. This statement is given in its entirety in the complete paper on Living Wills. The statement supports the argument that it is neither immoral nor unethical to recognize the right to die expressed in a Living Will, particularly where the patient is terminally ill and where artificial life support systems are required to maintain existence.

IV. THE LAW

Alberta law arises both in the form of statutory provisions as well as common law.

A. Statutory Law

1. Criminal Code of Canada

A strict reading of the provisions in the Criminal Code of Canada indicates that human life has an absolute value therein. However, it is unlikely that these provisions were intended to apply to situations involving Living Wills. Charges pursuant to these sections in health care settings are virtually non-existent. Nevertheless the existence of these provisions has created a great deal of concern amongst health care professionals and institutions.

The relevant provisions that create concern are summarized:

14. No person may consent to have death inflicted upon him.

45. Everyone is protected from criminal responsibility for performing a surgical operation if the operation is performed with reasonable skill and care and it is reasonable to perform the operation.

197. There is a legal duty to provide necessaries of life to a person under one's charge.

198. Surgical and medical personnel are required not to do any lawful acts that may endanger the life of a person.

199. There is a legal duty to perform an act if omission is or may be dangerous to life.

202. Everyone is criminally negligent, who in doing anything or omitting to do anything, shows disregard for the lives or safety of others.

205. A person commits homicide when by any means he causes the death of a human being.

209. When a person causes bodily injury to a human being that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or diseases arising from some other cause.

212. Culpable homicide is murder.

224. Everyone who counsels or abets a person to commit suicide is guilty of an indictable offense.

The application of these various sections of the Criminal Code of Canada and the liability of health care professionals need to be clarified. The Law Reform Commission of Canada has suggested the passage of legislation clarifying that sections 14, 45, 198 and 199 of the Criminal Code shall not be interpreted as requiring a physician to continue to administer or undertake medical treatment against the clearly expressed wishes of the patient, or when such treatment is medically useless and is not in the best interests of the person, except in accordance with clearly expressed wishes. Similarly, physicians should be protected when instituting palliative care measures and comfort measures when such measures are likely to shorten life expectancy.

2. Canadian Charter

The Charter enshrines the "right to life, liberty and security of the person," within reasonable limits. The application of this provision to a terminally ill patient seeking to utilize a Living Will has not yet been tested in Canadian Courts, and therefore its application is unclear. A similar provision exists under the Canadian Bill of Rights which recognizes "the right of the individual to life, liberty and security of the person...and

the right not to be deprived thereof except by due process of law." It is unclear whether such provisions would support the right-to-die principle.

B. Common Law

As a general rule a patient has a right to self-determination and the corresponding right to accept or refuse medical treatment. The landmark American decision which has been adopted in various Canadian cases is that of Schloendorff v. Society of New York Hospital, (1914) 211 N.Y., 125, wherein Justice Cardozo stated that:

> Every human being of adult years and sound mind has a right to determine what shall be done with his own body.

This concept also forms the basis of the doctrine of informed consent. The doctrine of informed consent requires patient consent before medical treatment can be provided.

The patient also has the right to refuse medical treatment. When a physician provides treatment which is forbidden by the patient, liability may arise for wrongfully saving life, although these damages would likely be minimal. There are already two previous decisions of the Alberta Court of Appeals to support this case but since neither was a case of refusing treatment that would result in death of the patient, this area of the law remains unclear. It is also unclear whether the Canadian Charter of Rights and Freedoms will allow the patient the right to die, notwithstanding the sections protecting the right to "liberty and security" of the person and the right to be free from cruel or unusual treatment.

Special problems of determining the competence of patients arise in situations involving incompetent adults, mentally handicapped individuals, and children. In situations where the patient is not mentally competent, further questions arise regarding which person or persons are legally entitled to make decisions on behalf of the patient.

In Alberta the Dependent Adults Act makes provision for the appointment of legal guardians for mentally incompetent adults. Legal guardians make decisions on behalf of mentally incompetent adults in various areas including health care, which may extend to the right to refuse treatment. This is different from the American concept of the durable power of attorney which has apparently been adopted in various States to cover the gap between the time at which a Living Will is executed and the loss of mental competence and eventual death of the patient. This ensures that the wishes of the patient are carried out after the loss of mental capacity. A durable power of attorney in which the power of attorney continues after the loss of competence of a person does not seem to exist in Canada.

V. RIGHT-TO-DIE LEGISLATION

The first right-to-die legislation or Natural Death Act in North America was passed in California on January 1st, 1977. Known as the California Natural Death Act, it was proposed to protect the patient from unwanted treatment and the prolongation of the dying process, as well as to obviate the need for court applications in such matters. This Act provides that the withdrawal of treatment is not suicide and does not invalidate life insurance policies. Additionally this legislation protects health care professionals from civil and criminal liability. Natural Death Acts have now been enacted in approximately one-half of the American States.

This trend has not been followed in Canada. In 1977 in Ontario, a Right-to-Die Bill was introduced as a private member's bill. Although this bill passed second reading in the legislature, it did not progress further.

Additionally, Bill 242 was introduced in Alberta in 1977 by Dr. Walter Buck. Again this bill did not go on to become legislation. The current situation in Canada is that Right-to-Die Legislation does not exist in any of the Canadian provinces or territories.

Legal writers as well as the Law Reform Commission of Canada argue that in Canada we already have the right to die with dignity under the present common law. Heroic measures are not necessary and there is no obligation upon the physician to provide extraordinary measures. The standard of care requires only that reasonable care consistent with current medical practice be provided. Consent to treatment must also be obtained.

VI. RECOMMENDATIONS

In summary the recommendations are:

1. Living Wills may serve useful purposes although they are not technically legally enforceable documents.

2. The Criminal Code of Canada should be modified to clarify the meanings of sections, such as sections 14, 45, 198 and 199.

3. Natural death legislation is not required as such provisions may create greater restrictions and difficulties than exist at present.

A suggested resolution to the lack of clarity in sections 14, 45, 198 and 199 of the Criminal Code of Canada is the addition of a further section to the Criminal Code of Canada. This addition could be similar to that suggested by the Law Reform Commission of Canada in their Working Paper 28 entitled "Euthanasia - Aiding Suicide and Cessation of Treatment," on pages 70 and 71 which states:

"1. Nothing in sections 14, 45, 198 and 199 of the Criminal Code shall be interpreted as requiring a physician

   (a) to continue to administer or to undertake medical treatment against the clearly expressed wishes of the person for whom such treatment is intended;

(b) to continue to administer or to undertake medical treatment, when such treatment is medically useless and is not in the best interest of the person for whom it is intended, except in accordance with the clearly expressed wishes of this person.

2. Nothing in sections 14, 45, 198 and 199 of the Criminal Code shall be interpreted as preventing a physician from undertaking or ceasing to administer palliative care and measures intended to eliminate or to relieve the suffering of a person for the sole reason that such care or measures are likely to shorten the life expectancy of this person."

The complete paper is available from the Senior Citizens Bureau.